

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NOS.: _____ ATTORNEY FOR (Name): <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 5px 0;"> SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO JUVENILE COURT </div> <input type="checkbox"/> 2851 MEADOW LARK DR., SAN DIEGO, CA 92123-2792 <input type="checkbox"/> 325 S. MELROSE DR., VISTA, CA 92083-6634 <input type="checkbox"/> 500 3RD AVE., CHULA VISTA, CA 91910-5649 <input type="checkbox"/> 250 E. MAIN ST., EL CAJON, CA 92020-3941	FOR COURT USE ONLY
IN THE MATTER OF _____ <div style="text-align: right;">A MINOR</div>	
<div style="text-align: center; border: 1px solid black; padding: 5px; margin: 5px 0;"> NOTICE OF APPEAL FROM JUDGMENT OR ORDER (Welfare and Institutions Code sections 300 et. seq.) </div>	
CASE NO.: _____	

_____ appeals from the order or judgment of this court entered _____.
(Date of order or judgment)

The appeal is from: *(check the appropriate item)*

1. ☐ A judgment made at a disposition hearing declaring a minor to be a dependent child of the juvenile court.
2. ☐ An order made at a review hearing or other hearing after a minor has been declared a dependent child, affecting reunification, visitation, or other appealable order. (I am not appealing an order directing that a hearing be had pursuant to Welfare and Institutions Code § 366.26 [such issues must be raised by writ petition]).
3. ☐ A judgment terminating parental rights.
4. ☐ A judgment establishing a guardianship or long term foster care at a hearing pursuant to Welfare and Institutions Code Section 366.26.

Date: _____

 Signature of Appellant

OR I declare under penalty of perjury under the laws of the State of California that this appeal is authorized by my client.

Date: _____

 Signature of Trial Counsel

MOTION FOR APPOINTMENT OF COUNSEL

(To be signed by Appellant whenever possible)

☐ **MOTION BY CLIENT:** I request the Court of Appeal, Fourth Appellate District, to appoint an attorney to represent me in this appeal. I do not have sufficient means to hire an attorney. My spouse (if applicable) and I have the following combined income and property:

Take-home pay from job <i>(monthly)</i>	\$ _____	Check one:
Other income <i>(monthly)</i>	\$ _____	<input type="checkbox"/> I own a home.
Money in bank at this time	\$ _____	<input type="checkbox"/> I do not own a home.

My trial attorney was: ☐ A public defender or court-appointed attorney. ☐ An attorney paid by myself. ☐ Other: _____

Date: _____

 Signature of Appellant

OR

☐ **MOTION BY TRIAL COUNSEL:** I am informed and believe and on that basis allege that the appellant is indigent. I request that counsel for the appeal be appointed. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

 Signature of Trial Counsel